

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049739

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12271

STATE FILE NUMBER

FILED DEC 24 1963

VS 300 Rev. 4/59	DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 4 DAYS		c. CITY OR TOWN SULLIVAN		Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.		Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS BOX 17		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) HAROLD E. MARTIN			4. DATE OF DEATH 12/10/63			5. SEX MALE			6. COLOR OR RACE WHITE		
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>			8. DATE OF BIRTH 8/10/21			9. AGE (last birthday) 42			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		
11. BIRTHPLACE (City and state or country) SULLIVAN, KENTUCKY			12. CITIZEN OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME ELDON MARTIN			13b. MOTHER'S MAIDEN NAME HESSIE MARTIN		
14. NAME OF HUSBAND OR WIFE -- -- --			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II			16. SOCIAL SECURITY NO. [REDACTED]			17. INFORMANT HESSIE MARTIN (MOTHER) SEE #2		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Reticulum Cell Sarcoma DUE TO (c) 200:0									INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)									PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. attended the deceased from 10/30/63 to 12/10/63 and last saw him alive on 12/10/63		Death occurred at 2:50 P.M.		m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. J. [Signature]		Decree or title M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.				22c. DATE SIGNED 12/10/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-11-63		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Union Co., Kentucky		(State)			
24. FUNERAL DIRECTOR Whitsell Funeral Home, Sturgis, Kentucky		ADDRESS		25. DATE RECD. BY LOCAL REG. DEC 11 1963		26. REGISTRAR'S SIGNATURE [Signature] M.D.					

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert M. Murray*

Licensed Embalmer No.

*3749*

P. O. Address

*St Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.